



Children's Mental Health Waiver Family Assessment

Name of Youth: _____

Assessment Date: _____

Participants/Relationship to Youth and Family:



What does your family do best?

What does your family like to do?

What is one thing you like most about your child? – About your family?

Share information about your friends and extended family?

What are your biggest concerns for your child and family?

How do you cope with the challenges that your family experiences?

When you handle problems well, how do you do it?

Whom do you call in times of need?

How have you accomplished successes in other parts of your life (jobs, education, relationships, activities)?

What services and supports (formal and informal) are you currently receiving/utilizing?

What would help your child and family most at this time?

Other information shared

Report Completed by: _____

Date of Completion: _____